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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/527,734
	Filing Date	with an effective filing date of August 30, 2003
	First Named Inventor	Harald ECKERT et al.
	Group Art Unit	3681
	Examiner Name	David D. LE
Total No. of Pages in this Submission: 17		Attorney Docket Number ZAHFRI P739US

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form . . . . . [2] <input type="checkbox"/> Fee attached + Check \$1,020	<input type="checkbox"/> Assignment papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Response . . . . . [9] <input type="checkbox"/> After Final	<input type="checkbox"/> Drawings (2) + Cover . . . . . [3]	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request . . . . [2] (in Duplicate)	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> To Convert a Provisional Petition	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	Postcard
<input type="checkbox"/> Response to Missing Part/s Incomplete Application	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Request for Refund	

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. BUJOLD DAVIS BUJOLD & DANIELS, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	August 3, 2007	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 3, 2007

Type or printed name.	Michael J. BUJOLD	
Signature		Date: August 3, 2007 (lfb)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p><b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p><b>FEE TRANSMITTAL</b> <b>For FY 2006</b></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p><b>TOTAL AMOUNT OF PAYMENT: \$1,020</b></p>		<p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application No.</td> <td>10/527,734</td> </tr> <tr> <td>Filing Date</td> <td>with filing date of August 30, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Harald ECKERT et al.</td> </tr> <tr> <td>Examiner Name</td> <td>David D. LE</td> </tr> <tr> <td>Art Unit</td> <td>3681</td> </tr> </table> <p>Attorney Docket No. ZAHFRI P739US</p>		Application No.	10/527,734	Filing Date	with filing date of August 30, 2003	First Named Inventor	Harald ECKERT et al.	Examiner Name	David D. LE	Art Unit	3681																																																												
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<p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____</p> <p><input type="checkbox"/> Deposit Account      Deposit Account Number <u>04-0213</u>      Deposit Account Name: <u>DAVIS BUJOLD &amp; DANIELS, P.L.L.C</u></p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below      <input type="checkbox"/> Charge fee(s) indicated below except for the filing fee</p> <p><input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17      <input type="checkbox"/> Credit any overpayments</p> <p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.</p>																																																																									
<p><b>FEE CALCULATION</b></p> <p><b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fees Paid (\$)</th> </tr> <tr> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (4)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td></td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td></td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td></td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td></td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> </tr> </tbody> </table> <p><b>2. EXCESS CLAIM FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Description</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 (including Reissues)</td> <td>50</td> <td>25</td> </tr> <tr> <td>Each independent claim over 3 (including Reissues)</td> <td>200</td> <td>100</td> </tr> <tr> <td>Multiple dependent claims</td> <td>360</td> <td>180</td> </tr> </tbody> </table> <p><b>Total Claims</b>      <b>Extra Claims</b>      <b>Fee (\$)</b>      <b>Fee Paid (\$)</b>      <b>Multiple Dependent Claims</b>      <b>Fee Paid (\$)</b></p> <p>-20 or HP = _____ x _____ = _____      _____</p> <p><b>Indep. Claims</b>      <b>Extra Claims</b>      <b>Fee (\$)</b>      <b>Fee Paid (\$)</b></p> <p>-3 or HP + _____ x _____ = _____</p> <p>HP = highest number of independent claims paid for, if greater than 3.</p> <p><b>3. APPLICATION SIZE FEE</b></p> <p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p> <p><b>Total Sheets</b>      <b>Extra Sheets</b>      <b>No. of each additional 50 or fraction thereof</b>      <b>Fee (\$)</b>      <b>Fee Paid (\$)</b></p> <p>-100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____</p> <p><b>4. OTHER FEE(S)</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Petition for 3-month Extension of Term (LARGE)</td> <td style="text-align: right;"><b>\$1,020</b></td> </tr> <tr> <td>Other (e.g., late filing surcharge):</td> <td></td> </tr> </table>				Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (4)	Utility	300	150	500	250	200	100		Design	200	100	100	50	130	65		Plant	200	100	300	150	160	80		Reissue	300	150	500	250	600	300		Provisional	200	100	0	0	0	0		Fee Description	Small Entity Fee (\$)	Fee (\$)	Each claim over 20 (including Reissues)	50	25	Each independent claim over 3 (including Reissues)	200	100	Multiple dependent claims	360	180	Petition for 3-month Extension of Term (LARGE)	<b>\$1,020</b>	Other (e.g., late filing surcharge):	
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<p><b>SUBMITTED BY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Signature</td> <td style="width: 50%;">Telephone (603) 226-7490</td> </tr> <tr> <td>Name (Print/Type)</td> <td>Registration No. (Atty/Agent) 32,018</td> </tr> <tr> <td>Michael J. BUJOLD</td> <td>Date: August 3, 2007</td> </tr> </table>				Signature	Telephone (603) 226-7490	Name (Print/Type)	Registration No. (Atty/Agent) 32,018	Michael J. BUJOLD	Date: August 3, 2007																																																																
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8/03/07



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of	:	Harald ECKERT and Manfred AUER
Serial no.	:	10/527,734
Filed	:	with an effective filing date of August 30, 2003
For	:	ELECTROMAGNETIC SELECTION DEVICE
	:	FOR A TWO-STAGE PLANETARY GEAR SET
Group Art Unit	:	3681
Examiner	:	David D. LE
Docket	:	ZAHFRI P739US

The Commissioner for Patents  
U.S. Patent & Trademark Office  
P. O. Box 1450  
Alexandria, VA 22313-1450

**SUBMISSION OF PROPOSED DRAWING AMENDMENTS  
FOR APPROVAL BY EXAMINER (37 CFR 1.123)  
AND NEW REPLACEMENT SHEETS OF DRAWINGS**

Dear Sir:

Enclosed is a copy of FIG. 3 of the pending drawings with red ink markings showing the proposed changes to the drawing of this application for which the approval of the Examiner is requested. **Also enclosed is a new Replacement Sheet of the drawing which incorporates all of the requested drawing amendments.**

In the event that there are any fee deficiencies or additional fees are payable, please charge the same or credit any overpayment to our Deposit Account (Account No. 04-0213).

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Michael J. Bujold".

Michael J. Bujold, Reg. No. 32,018  
**Customer No. 020210**  
Davis Bujold & Daniels, P.L.L.C.  
112 Pleasant Street  
Concord, NH 03301-2931  
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